

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027088

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3704

FILED JUL 30 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 50 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1019 JEFFERSON STREET		d. STREET ADDRESS (If outside, give location) 1019 JEFFERSON STREET	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) FRED JOSEPH GARLET, SR.			4. DATE OF DEATH Month JULY Day 12th Year 1962		
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/20/00	9. AGE (last birthday) 61	10. IF UNDER 1 YEAR Months 61 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY YELLOW CAB CO. ELEVATORS		11. BIRTHPLACE (City and state or country) SPRINGFIELD MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOE ANDY GARLET		13b. MOTHER'S MAIDEN NAME DORA E. SHEPHERD	
14. NAME OF HUSBAND OR WIFE MAY E. GARLET		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. ADDRESS K.C. MO.	
17. INFORMANT MARY E. ATKINSON		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ELECTROLYTE IMBALANCE DUE TO (b) CIRRHOSIS OF THE LIVER DUE TO (c) 3 YRS		INTERVAL BETWEEN ONSET AND DEATH 72 HRS	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 3:50 a.m. 0 p.m. 0	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY MISSOURI STATE MISSOURI	
21. I attended the deceased from 17 Oct 61 to 12 July 62 and last saw her/him alive on 11 July 62 Death occurred at 3:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 710 W 12TH ST KC 5 MO.		22c. DATE SIGNED 13 July 62	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 16, 1962	23c. NAME OF CEMETERY OR CREMATORIUM MEMORIAL PARK CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY	24. FUNERAL DIRECTOR D.W. Newcomer's SONS, Kansas City, Mo.	
25. DATE RECD. BY LOCAL REG. 7-16-62		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Made Elliott 10

W. Hale E. Elliott
710 West 12th Street
100-5:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harold P. Reich

Licensed Embalmer No. 4998

P. O. Address K.E. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.